IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Shi-dong Zhou

Assignee:

Xilinx, Inc.

Title:

"A CMOS Power On Reset Circuit"

Ser. No.:

10/644,156

Filing Date: 08/20/2003

Examiner:

Cassandra F. Cox

Art Unit:

2816

Docket No.:

X-1477 US

Conf. No.:

5800

COMMISSIONER FOR PATENTS

P.O Box 1450

Alexandria, VA 22313-1450

AMENDMENT IN RESPONSE TO THE FIRST OFFICE ACTION

Dear Sir:

In response to the First Office Action mailed from the Patent Office on August 25, 2004, please amend the application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 8 of this paper.

10/20/2004 FMETEKI1 00000005 240040 10644156

01 FC:1201

88.00 DA

Modified 02-03

PTO/SB/21 (01-03)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

jam	Under the Paperwork Reduction A valid OMB control number.	ct of 1995, no	persons as	re required to respond	to a colle	ction of information unless it displays a		
			Application / Conf. No.		o.	10/644,156 / 2816		
TRANSMITTAL FORM (to be used for all correspondence after initial filing)			Filing	Date		August 20, 2003		
			First	Named Inventor	r	Shi-dong Zhou		
			Exam	iner Name		Cassandra F. Fox		
Mail Stop:			Art Un	nit		2816		
Express Mail Receipt No.			Paten	t No.		-		
	ges in This Submission	T	Attorr	ney Docket Num	nber	X-1477 US		
	E	NCLOSUR	ies (d	check all that appl	ely)			
X Fee Transn	nittal Form	Assign	ment Pa	apers tion Cover Sheet)	. [After Allowance Communication to		
X Amendmen				ation / Oath		Appeal Communication to Board		
Pre	liminary Amendment	Drawin	20(2)		_ l'	of Appeals and Interferences		
=	r Final	_	.,	ing-related Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
	Anidavit(s)/declaration(s)			ou r aporo	I	Status Letter		
Extension of Time Request Change Status to LARGE ENTITY						X Return Receipt Postcard		
=	andonment Request	To Cor	nvert a		l;	Other Enclosure(s)		
	· [,		onal Application (please identify below of Attorney, Revocation		(please identify below):			
Information	Disclosure Statement	Chang Addres	e of Correspondence					
Substitute PTO-1449(s) Termin IDS by Applicant (PTO/SB/08A)		Termin	nal Disclaimer					
Certified Copy of Priority		Request for Refund						
Document(s) Response to Missing Parts/		Remarks						
Incomplete Application Response to Missing		·						
L Part	s under 37 CFR							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm or Customer Number Attn:	Kim Kanzaki			4309		Reg. Number 37,652		
Attn: Kim Kanzaki (Oustomer Number) Reg. Number 37,652 Signature								
Date October/13, 7004			Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040					
CERTIFICATE OF MAILING								
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date: October 13, 2004								
Typed or Printed Name Julie Matthews								
Signature Date October 13, 2004								

This collection of information is rrequired by 37 CFR 1.17 and 1.27. The information is required to botain or retain a benefit by the public which is to file (and by the USPTO to process)/an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

PTO/SB/17 (10-02)
Approved for use through 10-31-2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT

(\$) 88.00

Complete if Known						
Application / Conf. No.	10/644,156 / 5800					
Filing Date	August 20, 2003					
First Named Inventor	Shi-dong Zhou					
Examiner Name	Cassandra F. Cox					
Art Unit	2816					
Attorney Docket No.	X-1477 US					

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)				
The Commissioner is hereby authorized to charge indicated fees any additional fees required, and credit any over payments to:	3. ADDITIONAL FEES Large Entity Fee Fee				
Deposit Account		(\$)	Fee Description	Fee Paid	
Deposit 0.4.00.40		130	Surcharge - late filing fee or oath		
Account Number 24-0040		50	Surcharge - late provisional filing fee or cover sheet.		
Deposit Account XILINX, INC.		2,520	For filing a request for exparte reexamination		
Name	1812 1804	920*	Requesting publication of SIR prior to		
			Examiner action		
	1805	1,840*	Requesting publication of SIR after Examiner action		
FEE CALCULATION	1251	110	Extension for reply within first month		
1. BASIC FILING FEE	1252	430	Extension for reply within second month		
Large Entity	1253	950	Extension for reply within third month		
Fee Fee Fee Description Fee	1254	1,530	Extension for reply within fourth month		
Paid Code (\$)	1255	2,080	Extension for reply within fifth month		
1001 770 Utility filing fee	1401	340	Notice of Appeal		
1002 330 Design filing fee	1402	340	Filing a brief in support of an appeal		
1003 510 Plant filing fee 1004 790 Reissue filing fee	1403	300	Request for oral hearing		
105 160 Provisional filing fee	1451	1,510	Petition to institute a public use proceeding		
<u> </u>	1452	110	Petition to revive - unavoidable		
SUBTOTAL (1) (\$)	1453	1,370	Petition to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUI	1501	1,370	Utility issue fee (or reissue)		
Extra below Fee Paid	1460	130	Petitions to the Commissioner		
Total Claims 30 -20" = 0 X = 90	1807	50	Petitions related to provisional applications		
Indep. Claims 05 - 3** = 1 X 88 = \$88	1806	180	Submission of Information Disclosure Stmt		
Multiple Dependent Claims X =		40	Recording each patent assignment per property (times number of properties)		
**or number previously paid, if greater; For Reissues, see below Large Entity Fee Fee Fee Pescription	1809	790	Filing a submission after final rejection (37 CFR 1.129(a))		
Code (\$) 1202 18 Claims in excess of 20	1810	790	For each additional invention to be examined (37 CFR 1.129(b))		
1202 18 Claims in excess of 20 1201 86 Independent claims in excess of 3 1203 290 Multiple dependent claim, if not paid 1204 86 **Reissue independent claims over original patent	1801	790	Request for Continued Examination (RCE)		
1205 18 **Reissue claims in excess of 20 and over original patent	Other f	Other fee (specify)			
SUBTOTAL (2) (\$) 88.00	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)				

SUBMITTED BY Complete (if applicable)						
Name (Print/Type)	Kim Kanzaki		Registration No. (Attorney/Agent)	37,652	Telephone	408-879-6149
Signature	K~	N			Date	10-13-2004